

~~COPY~~ UNITED STATES DISTRICT COURT
DISTRICT OF New Jersey

Title of Action

Your name Leonides LAMBERTY

15 CV 207

Plaintiff Civil Action No.

COMPLAINT

Defendant(s) Joel Rosenberg

RECEIVED-CLERK
U.S. DISTRICT COURT
2005 JAN 13 P 2:37

Parties

Take your (plaintiff) name AND address Leonides Lamberty

504 N 4-7th St apt. #1102

Camden N.J. 08102

State name AND address of all Defendants.

JURISDICTION

A short plain statement of the grounds upon which the court's jurisdiction depends.

CAUSE OF ACTION

Make a short plain statement setting forth the facts of your case.

I was involved in a automobile accident AND my attorney
Horney Joel Rosenberg didnt settle my case. DEMAND
State briefly exactly what you want the court to do for
I want the court to take a final step on my case
and I want to settle this case once and for all.
Leonides Lamberty

Name of Court:

Copy
UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

RECEIVED-CLERK
U.S. DISTRICT COURT

2005 JAN 13 P 2:37

Title of Action:

Your Name, *Leonardo Lamberty*

Plaintiff,

Civil Action No.

(To be supplied by the Court)

-vs-

The title must include
all defendants,

COMPLAINT

Defendant(s). *Joel Rosenberg*

PARTIES

State your (Plaintiff) name and address. *Leonardo Lamberty*

*500 NO. 7th St. Apt #110
Camden NJ 08102*

State names and addresses of all Defendants.

JURISDICTION

A short plain statement of the grounds upon which the court's jurisdiction depends.

CAUSE OF ACTION

Make a short plain statement setting forth the facts of your case.

*I was involved in a automobile accident and my attorney Joel Rosenberg
didn't settle my case.*

DEMAND

State briefly exactly what you want the court to do for you.

*I want the court to take a final step on my case
as I want to settle this case once and for all.*

(Signature of Plaintiff)

FORMAT FOR A COMPLAINT

Do not submit this form. This is to be used as a Guide only.

Leonardo Lamberty 856-338-1345



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial Law Division - Civil Part pleadings (not motions) under Rule 4:5-1.

Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or if attorney's signature is not affixed.

FOR USE BY CLERK'S OFFICE ONLY

PAYMENT TYPE: CK CG CA
CHG / CK NO.
AMOUNT:
OVERPAYMENT:
BATCH NUMBER:

ATTORNEY (PROSE NAME) Leonedis Lamberty	TELEPHONE NUMBER (856) 338-1345	COUNTY OF VENUE Camden
FIRM NAME (if applicable) N/A	DOCKET NUMBER (When available) N/A	
OFFICE ADDRESS 500 N. 7th St. Apt. 1102 Camden NJ 08102	DOCUMENT TYPE Complaint	
NAME OF PARTY (e.g. John Doe, Plaintiff) Leonedis Lamberty,	CAPTION Leonedis Lamberty, Plaintiff	
	vs.	
	Joel R. Rosenberg, P.C.	
CASE TYPE NUMBER (See reverse side for listing) 607	IS THIS A PROFESSIONAL MALPRACTICE CASE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.	
RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, LIST DOCKET NUMBERS N/A	
DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY, IF KNOWN <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN	

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

A. DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP?

☒ YES ☐ NO

IF YES, IS THAT RELATIONSHIP

☐ EMPLOYER-EMPLOYEE

☐ FRIEND / NEIGHBOR

☐ OTHER (explain) _____

☐ FAMILIAL

☒ BUSINESS

B. DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY?

☒ YES ☐ NO

USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION:

DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? ☒ YES ☐ NO

IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION:

cannot sit for long period of time

WILL AN INTERPRETER BE NEEDED?

☒ YES ☐ NO

IF YES, FOR WHAT LANGUAGE:

Spanish

ATTORNEY SIGNATURE

9/23/04

SIDE 2

CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial pleadings (not motions) under *Rule 4:5-1*

CASE TYPES (Choose one and enter number of case type in appropriate space on the reverse side.)

Track I — 150 days' discovery

- 151 NAME CHANGE
- 175 FORFEITURE
- 302 TENANCY
- 399 REAL PROPERTY
- 502 BANK ACCOUNT
- 503 COMMERCIAL TRANSACTION
- 505 OTHER INSURANCE CLAIM (INCLUDING DECLARATORY JUDGMENT ACTIONS)
- 506 PIP COVERAGE
- 510 UM or UIM CLAIM
- 511 ACTION ON NEGOTIABLE INSTRUMENT
- 599 CONTRACT
- 801 SUMMARY ACTION
- 802 OPEN PUBLIC RECORDS ACT (SUMMARY ACTION)

Track II — 300 days' discovery

- 305 CONSTRUCTION
- 509 EMPLOYMENT (other than CEPA or LAD)
- 602 ASSAULT AND BATTERY
- 603 AUTO NEGLIGENCE - PERSONAL INJURY
- 605 PERSONAL INJURY
- 610 AUTO NEGLIGENCE - PROPERTY DAMAGE
- 699 TORT - OTHER

Track III — 450 days' discovery

- 005 CIVIL RIGHTS
- 301 CONDEMNATION
- 604 MEDICAL MALPRACTICE
- 606 PRODUCT LIABILITY
- 607 PROFESSIONAL MALPRACTICE
- 608 TOXIC TORT
- 609 DEFAMATION
- 616 WHISTLEBLOWER / CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA) CASES
- 617 INVERSE CONDEMNATION
- 618 LAW AGAINST DISCRIMINATION (LAD) CASES

Track IV — Active Case Management by Individual Judge / 450 days' discovery

- 156 ENVIRONMENTAL COVERAGE LITIGATION
- 234 FRT PLYWOOD LITIGATION
- 245 ACTIONS UNDER FEDERAL Y2K ACT
- 303 MT. LAUREL
- 508 COMPLEX COMMERCIAL
- 613 REPETITIVE STRESS SYNDROME
- 701 ACTIONS IN LIEU OF PREROGATIVE WRIT

Mass Tort (Track IV)

- | | |
|----------------|--------------------------|
| 240 DIET DRUG | 601 ASBESTOS |
| 241 TOBACCO | 612 BLOOD-CLOTTING SERUM |
| 243 LATEX | 702 LEAD PAINT |
| 246 REZULIN | |
| 247 PROPULSID | |
| 248 CIBA GEIGY | |
| 264 PPA | |

999 OTHER (Briefly describe nature of action) _____

If you believe this case requires a track other than that provided above, please indicate the reason on Side 1, in the space under "Case Characteristics."

Leonedis Lamberty
Plaintiff's Name
500 N. 7th St. Apt. 1102
Address
Camden, NJ. 08102
City, State, and Zip
(856) 338-1345
Phone Number

Leonedis Lamberty, : SUPERIOR COURT OF NEW JERSEY
Plaintiff : LAW DIVISION OR CHANCERY DIVISION
: CAMDEN VICINAGE
vs. : DOCKET NO. _____
: Joel R. Rosenberg, : CIVIL ACTION
Defendant : COMPLAINT

The Plaintiff, Leonedis Lamberty, residing at 500 N. 7th St Apt. 1102
in the City of Camden, State of New Jersey, complaining of defendant, states as follows:

COUNT 1

1. On March, 2001, Defendant, Joel R. Rosenberg,
agreed to represent me on my accident case
of 3-7-01.
2. Plaintiff is entitled to relief from Defendant under the above facts on the basis of
Defendant's inability to properly represent me by reason of
I never received monetary compensation for
my injuries. Case was never brought to court.

THEREFORE, Plaintiff requests judgment against the Defendant for damages, together
with attorney's fees and costs of suit, and any other relief as the Court may deem proper.

COUNT II

1. On a second accident(DOA 11-25-02) I suffered
permanent injuries and also never received
compensation for my injuries. Case never brought to court.

Dated: 9-23-04

Leonedis Lamberty, Plaintiff

Leonedis Lamberty
Petitioner
500 N. 7th St. Apt. 1102
Address
Camden NJ 08102
City, State & Zip
(856) 338-1345
Phone number

Leonedis Lamberty
Plaintiff,

vs.

Joel R. Rosenberg
Defendant.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - CAMDEN VICINAGE

DOCKET NO. _____

Civil Action

CERTIFICATION OF INDIGENCY

1. Leonedis Lamberty of full age do hereby certify as follows:

1. I am the Plaintiff/Defendant in the above entitled civil action.

2. My social security number is: 584-09-4401

3. I reside at: 500 N. 7th St. Apt. 1102
Camden NJ 08102

4. I make this certification in support of my application for waiver of fees pursuant to Rule 1:13-2[a].

5. My net income is \$ 600 per month, derived from employment at NOT WORKING. I have no other source of income.

6. A. Do you pay rent or mortgage? (circle one)

1. How much? \$ 149.00

2. Do you pay weekly, bi-weekly or monthly? (circle one)

B. Do you receive money from any source? If so:

1. Identify or name the source: N/A

2. The amount received: \$ —

3. Do you receive this amount on a weekly, bi-weekly or monthly basis? (circle one) N/A

C. How do you pay your bills such as food, clothing, medical bills?

with the \$600.00 / month from SSI
and social security

6. The following is a true and complete listing of my assets, to the best of my knowledge, information and belief:

- A. Money in any and all Bank Accounts: current have \$25.00 in
B. Automobile(s): None acct.
C. Real Estate: None
D. Insurance with cash value: —
E. Money owed to me: None

7. This certification is made to inform the Court as to my status of indigency and support my application for waiver of fees in the above entitled action pursuant to Rule 1:13-2[a].

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Lh-
Your signature

Date: 9-23-04

FILING FEES WAIVED PER R.1:13-2 [a]

Petitioner's Name Leonedis Lamberty SUPERIOR COURT OF NEW JERSEY
Address 800 N. 7th St. Apt. 1102 LAW DIVISION - CAMDEN COUNTY
City, State & Zip Camden NJ 08102 DOCKET NO. L -
Phone number (856) 338-1345

IN THE MATTER OF THE APPLICATION OF

Leonedis Lamberty
Plaintiff,

CIVIL ACTION

vs.

ORDER

Joel R. Rosenberg
Defendant.

WAIVER OF FEES PURSUANT TO
R.1:13-2[a]

THIS COURT having examined the affidavit of indigency provided by the plaintiff and the papers attached, and it appearing therefrom that said plaintiff is a person without sufficient means to file this action in Court;

IT IS on this _____ day of _____, ORDERED pursuant to R.1:13-2 ;[a] the request for waiver of fees and cost is hereby;

GRANTED _____

DENIED _____

J.S.C.

FILING FEES WAIVED PER R.1:13-2 [a]

Petitioner's Name Leonedis Lamberty SUPERIOR COURT OF NEW JERSEY

Address 500 N. 7th St. Apt. 1102 LAW DIVISION - CAMDEN COUNTY

City, State & Zip Camden NJ 08102 DOCKET NO. L -

Phone number (856) 338-1345

IN THE MATTER OF THE APPLICATION OF

Leonedis Lamberty
Plaintiff,

CIVIL ACTION

vs.

ORDER

Joel R. Rosenberg
Defendant.

WAIVER OF FEES PURSUANT TO
R.1:13-2[a]

THIS COURT having examined the affidavit of indigency provided by the plaintiff and the papers attached, and it appearing therefrom that said plaintiff is a person without sufficient means to file this action in Court;

IT IS on this _____ day of _____, ORDERED pursuant to R.1:13-2 [a] the request for waiver of fees and cost is hereby;

GRANTED _____
DENIED _____

J.S.C.

ATTORNEY ETHICS GRIEVANCE FORM

Please Type Or Print Legibly All Information

A. GRIEVANT: Mr./Mrs./Miss/Ms. (Circle One)

Lamberty Leonides
 LAST NAME FIRST M

500 N. 7th St. Apt. 1102
 ADDRESS STREET/P.O. BOX

Camden NJ 08102
 CITY STATE ZIP COUNTY

TELEPHONE: HOME (856) 338-1345 OFFICE ()

B. THE SPECIFIC LAWYER YOU ARE COMPLAINING ABOUT IS:

Bosenberg, Joel R.
 LAST NAME (INCLUDE SR., JR., III, ETC.) FIRST M

Rt. 73 and Greentree Rd. Suite 303 856 988-1888
 OFFICE ADDRESS STREET/P.O. BOX PHONE

Marlton NJ 08053 Burlington
 CITY STATE ZIP COUNTY

- (1) IS THE SPECIFIC LAWYER COMPLAINED OF YOUR LAWYER? ☒ YES ☐ NO
 (2) IF SO, DOES THIS LAWYER STILL REPRESENT YOU? ☒ YES ☐ NO
 (3) IF NOT, DO YOU HAVE A NEW LAWYER ☐ YES ☒ NO
 (4) IF SO, WHO IS YOUR NEW LAWYER? _____

C. THE TYPE OF CASE HANDLED BY THE LAWYER WAS: (CHECK ONE)

- | | |
|--|---|
| <input type="checkbox"/> Admiral/Maritime (V) | <input type="checkbox"/> International Law (I) |
| <input type="checkbox"/> Adoption/Name Change (A) | <input type="checkbox"/> Juvenile Delinquency (J) |
| <input type="checkbox"/> Bankruptcy/Insolvency/Foreclosure (B) | <input type="checkbox"/> Labor (L) |
| <input type="checkbox"/> Collection (H) | <input type="checkbox"/> Landlord/Tenant (Q) |
| <input type="checkbox"/> Contract (K) | <input checked="" type="checkbox"/> Negligence(Personal Injury) (N) |
| <input type="checkbox"/> Corporation/Partnership Law (X) | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Criminal, Quasi-Criminal and (C) | <input type="checkbox"/> Patent/Trademark/Copyright (P) |
| <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Real Estate (R) |
| <input type="checkbox"/> Domestic Relations (Divorce, Support, (D) | <input type="checkbox"/> Small Claims Court (S) |
| <input type="checkbox"/> Custody) | <input type="checkbox"/> Tax (T) |
| <input type="checkbox"/> Estate/Probate (E) | <input type="checkbox"/> Workers Compensation (W) |
| <input type="checkbox"/> Federal Remedies/Civil Rights (F) | <input type="checkbox"/> Other Litigation (specify) (Y) |
| <input type="checkbox"/> Government Agency Problems (G) | |
| <input type="checkbox"/> (Local Thru Federal) | |
| <input type="checkbox"/> Immigration/Naturalization (M) | <input type="checkbox"/> Other Non-Litigation (specify) (Z) |

IS THE CASE HANDLED BY THE LAWYER STILL PENDING?

☒ YES ☐ NO

(This Section for Secretary's Use Only)

DOCKET NUMBER _____ DATE DOCKETED _____

.. COMPLETE BOTH SIDE ..

D. OTHER RELATED COMPLAINTS OR LITIGATION

- (1) Have you filed a complaint regarding this matter with law enforcement authorities or any other state or federal agency? YES ☒ NO If yes, please state:

Name of Agency: _____

Contact Person: _____ Date Filed: _____

Result: _____

- (2) Is the matter you are complaining about the subject of a pending civil law suit? YES ☒ NO

If yes, give name of Court Case was never filed with the
court.

Docket Number: _____ County: _____

E. NATURE OF GRIEVANCE:

State what the lawyer did or failed to do which may be unethical. State all relevant FACTS including dates, times, places and names and addresses of important witnesses. Attach copies of important letters and documents.

On March 2001, Joel R. Rosenberg agreed to
represent me on my accident case of 3-7-01.

Mr. Rosenberg did not properly represent me and
I never received monetary compensation for
my injuries.

On a 2nd accident, 11-25-02, I suffered
permanent injuries. To date I have not received
compensation and attorney refuses to take my calls.
My case was never brought to court.

(Use Additional Sheets if Necessary)

I cannot speak English and only speak Spanish and
he takes advantage of this.

F. INVESTIGATIVE CONFIDENTIALITY

Under Supreme Court Rule 1:20-9(a), once you file this grievance form you are REQUIRED thereafter to keep all communication about this ethical matter CONFIDENTIAL during the investigation until and unless a complaint is issued and served. Only at that time does confidentiality end and the matter becomes public. This investigative confidentiality does not prevent you from discussing the facts underlying your grievance with, or reporting them to, any other person or agency. However, during the investigation you may not disclose the fact that you have filed an ethics grievance to persons other than members of the attorney disciplinary system, except to discuss the case with other witnesses or to consult an attorney.

Date: 9-23-04

L-L
 Signature

PLEASE REVIEW THE PAMPHLET "INFORMATION ABOUT GRIEVANCE PROCEDURES AND DISCIPLINE OF LAWYERS" PROVIDED BY THE ETHICS



PLEASE NOTIFY DISTRICT SECRETARY OF DISABILITY ACCOMMODATION NEEDS



Law Office of
JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 988-1888
FAX 856 596-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY

June 16, 2003

Mr. Leonides Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08102

RE: Date of Accident: 11/25/02

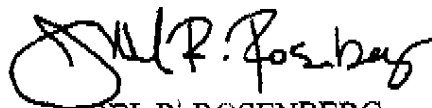
Dear Mr. Lamberty:

It is my policy to make every effort to keep you informed of the status of your case. To that extent, enclosed please find a copy of the following:

Medical records from Dr. Ronald L. Brody to Dr. Ronald Parente dated 1/20/03, 2/10/03, 12/16/02, 1/6/03, 2/24/03, 4/7/03, 3/24/03

If you have any questions with regard to the same, please do not hesitate to contact me.

Very truly yours,



JOEL R. ROSENBERG

JRR/nmp
Enclosure



Law Office of
JOEL R. ROSENBERG, P.C.

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BY APPOINTMENT ONLY

January 7, 2003

Mr. Leonedis Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08012

RE: Lamberty v. Santiago
D/A: 3/7/01

Dear Mr. Lamberty:

Please be advised that your Examination Under Oath which was scheduled for January 9, 2003 has been cancelled. I attempted to call you, but the phone number we have in your file is disconnected. The examination has been rescheduled for **Friday, February 14, 2003 at 2:00 p.m.** in my office. Please contact my office a few days before this date to confirm same.

Very truly yours,

A handwritten signature in dark ink, appearing to read "J. S. Rosenberg", written over the typed name.

JOEL S. ROSENBERG

JRR/bad



LAW OFFICE of
JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
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MARLTON, NEW JERSEY 08053
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PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19087
TEL 215 295-6800
BY APPOINTMENT ONLY

March 26, 2003

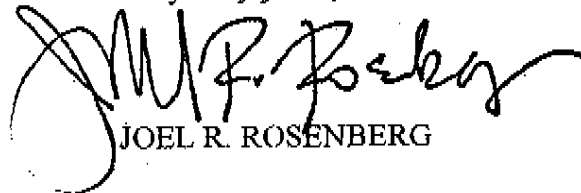
Mr. Leonides Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08102

RE: Date of Accident: 11/25/02 "

Dear Mr. Lamberty:

Pursuant to your request, I have enclosed color photocopies of the photographs taken of your vehicle with regard to the above mentioned accident.

Very truly yours,



JOEL R. ROSENBERG

JRR/bad
Enclosure

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 215
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

December 3, 2001

NEUROELECTRICAL EVALUATION: 12/3/01

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

NEUROELECTRICAL EVALUATION

Neuroelectrical evaluation was performed today bilaterally in the back and lower extremities.

NERVE CONDUCTION VELOCITIES:

Nerve conduction velocities were performed in the femoral, peroneal, tibial and sural nerves, bilaterally, with associated distal motor and sensory latencies. The results are symmetrical and within normal limits.

CORE TESTING:

F-waves were performed bilaterally in the back and lower extremities at both the tibial and peroneal areas. The results are symmetrical and within normal limits.

H-reflex was tested bilaterally. There is attenuation of H-reflex bilaterally, left more so than right.

NEEDLE EMG:

Needle EMG is performed bilaterally in the back and multiple lower extremity muscles. Insertional activity, wave form analysis, recruitment and interference patterns were checked. Increase in insertional activity is noted in the S1 innervated muscles bilaterally. There are some neuropathic potentials. There are scattered responses in muscles innervated by other nerves with no particular pattern.

NEUROELECTRICAL EVALUATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

ELECTRICAL IMPRESSION:

1. S1 radiculopathy with some nerve root irritation at other levels.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

FOLLOW-UP CONSULTATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

PAGE TWO

he actually wakes up at night in pain. The TENS unit helps and Tylenol helps, but they are insufficient when these nighttime flare-ups occur.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.



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YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY

February 25, 2002

Mr. Leonides Lamberty
500 N. 7th Street
Camden, NJ 08101

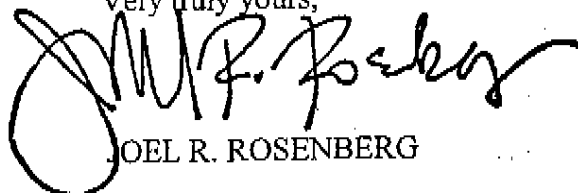
Re: D/A: 3/7/01

Dear Mr. Lamberty:

Enclosed please find a copy of the report of Gary Neil Goldstein, MD dated 1/15/02 with regard to the above-captioned matter. If you have any questions with regard to the same, please do not hesitate to contact me.

Thank you for your cooperation with regard to this matter.

Very truly yours,



JOEL R. ROSENBERG

JRR/mab
Enc.

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 213
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

January 15, 2002

FOLLOW-UP CONSULTATION: 1/15/02

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

The patient returns for a follow-up office visit.

CURRENT STATUS:

The patient continues to complain of low back pain and pain in his neck as well as his knees, left more so than right. He says that going up and down stairs can be a problem as his knee catches and locks. This, primarily through a translator. We have apparently still not gotten authorization for MRI of the low back and left knee.

PHYSICAL EXAMINATION:

On examination today, there is restriction of motion in the low back. There is some tightness and soreness in the neck. In the left knee, there is definite effusion and a reproducible click medially. There is some effusion in the right knee that is not as much of a problem.

DISCUSSION:

The patient has now been symptomatic since 3/7/01. A short course of physical therapy stressing the knees will be prescribed. With regard to the patient's knee, I think he is best served with arthroscopic surgery to the left knee. With regard to the back, it is really difficult to pick the ideal treatment without MRI. The onus of this is on the carrier. The patient has gotten fair relief lasting for several weeks after

FOLLOW-UP CONSULTATION: 1/15/02
PATIENT: LEONDIS LAMBERTY

PAGE 2

standard injection. Caudal epidural with rhizotomy might also buy him some time. The patient does not want to consider back surgery.

Risks, benefits, complications, the possibility of mal and non results, secondary procedures with alternatives and standard analogies were addressed. The patient understands and would like to proceed. The patient also understands that there is increased risk because of lack of carrier cooperation, but wants me to proceed anyway. He gets some relief from Darvocet-N 100. A new script was written.

GARY NEIL GOLDSTEIN, M.D.
GNG/dq
011602

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

THE COOPER HEALTH SYSTEM
ONE COOPER PLAZA, CAMDEN, NEW JERSEY 08103
(856) 342-2000

RE: Lamberty, Leonides
MRN#00557712

DISCHARGE INSTRUCTIONS: Activity: No driving. No strenuous activity. He was told he could eat a regular diet. Problems or symptoms to report included increasing neck pain, numbness, tingling, or weakness in the arms. Special instructions: Follow up with an orthopaedic doctor for your neck sprain. Must keep neck brace on at all times for the next six weeks. He was given the telephone number for Cooper Orthopaedics. He was reminded not to remove his Aspen collar for any reason until seen by orthopaedics.


Joseph Karam, M.D.

JK/aab
DD: 01/02/2003 10:09:05
DT: 01/04/2003 21:19:51
Job #: 431494
Dictated by Dianna More



JOEL R. ROSENBERG, P.C.

ONE GREENTREE CENTRE
ROUTE 73 AND GREENTREE ROAD, SUITE 303
MARLTON, NEW JERSEY 08053
TEL 856 988-1888
FAX 856 996-8443
WWW.ROSENBERGLAWOFFICES.COM

JOEL R. ROSENBERG
ADMITTED TO NJ AND PA BAR

PENNSYLVANIA OFFICE
208 FLORAL VALE BLVD.
YARDLEY, PA 19067
TEL 215 295-6800
BY APPOINTMENT ONLY

May 31, 2002

Mr. Leonedis Lamberty
500 N. 7th Street, Apt. 1102
Camden, NJ 08012

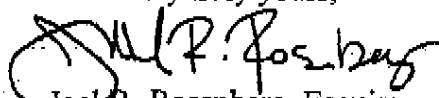
Re: Date of Accident: March 7, 2001

Dear Mr. Lamberty:

Enclosed please find a copy of a report from Dr. Gary Goldstein dated April 16, 2002 regarding the above captioned matter. Please feel free to contact my office if you have any questions regarding this matter.

Thank you for your cooperation and prompt attention in this matter.

Very truly yours,


Joel R. Rosenberg, Esquire

JRR/tlf
encl.

Gary Neil Goldstein, M.D.
Echelon Medical Center, Suite 215
600 Somerdale Road
Voorhees, New Jersey 08043
(856) 795-8884

Plastic and Reconstructive Surgery
Surgery of the Hand
Cosmetic Surgery

Orthopaedic and Reconstructive Surgery
Surgery of the Foot
Sports Medicine

December 3, 2001

NEUROELECTRICAL EVALUATION: 12/3/01

PATIENT: LEONDIS LAMBERTY

PRIMARY PHYSICIAN:

NEUROELECTRICAL EVALUATION

Neuroelectrical evaluation was performed today bilaterally in the back and lower extremities.

NERVE CONDUCTION VELOCITIES:

Nerve conduction velocities were performed in the femoral, peroneal, tibial and sural nerves, bilaterally, with associated distal motor and sensory latencies. The results are symmetrical and within normal limits.

CORE TESTING:

F-waves were performed bilaterally in the back and lower extremities at both the tibial and peroneal areas. The results are symmetrical and within normal limits.

H-reflex was tested bilaterally. There is attenuation of H-reflex bilaterally, left more so than right.

NEEDLE EMG:

Needle EMG is performed bilaterally in the back and multiple lower extremity muscles. Insertional activity, wave form analysis, recruitment and interference patterns were checked. Increase in insertional activity is noted in the S1 innervated muscles bilaterally. There are some neuropathic potentials. There are scattered responses in muscles innervated by other nerves with no particular pattern.

NEUROELECTRICAL EVALUATION: 12/3/01
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ELECTRICAL IMPRESSION:

1. S1 radiculopathy with some nerve root irritation at other levels.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

NOTE: Assignment of Benefits/Letter of Protection and Non-compromise/Release of Medical Records, signed form on file.

FOLLOW-UP CONSULTATION: 12/3/01
PATIENT: LEONDIS LAMBERTY

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he actually wakes up at night in pain. The TENS unit helps and Tylenol helps, but they are insufficient when these nighttime flare-ups occur.

GARY NEIL GOLDSTEIN, M.D.
GNG/bmd
120901

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THE COOPER HEALTH SYSTEM
ONE COOPER PLAZA, CAMDEN, NJ 08103
(856) 342-2000

DISCHARGE SUMMARY

PATIENT NAME: Lamberty, Leonides

MRN#00557712 -0329

ADMISSION DATE: 11/25/02

DISCHARGE DATE: 11/26/02

ATTENDING PHYSICIAN: Joseph Karam, M.D.

HISTORY OF PRESENT ILLNESS: This is a 53-year-old patient restrained driver in a motor vehicle crash. The patient was complaining of head, neck, and anterior chest wall pain. Complained of tachypnea on arrival to trauma admitting. Denied abdominal pain. Does complain of some back pain. There was no reported loss of consciousness. Some question about amnesia due to a language barrier.

PAST MEDICAL HISTORY: Significant for anxiety and left lower extremity injury of some type.

MEDICATIONS: The patient takes Celexa.

SOCIAL HISTORY: Admits to tobacco and alcohol use. Denies illicit drugs.

FAMILY HISTORY: Negative.

PHYSICAL EXAMINATION: Showed he was a well-developed, well-nourished Hispanic male in moderate distress. Some hyperventilation. Vital signs were stable. No evidence of head or facial trauma. Pupils, equal and reactive to light. Tympanic membranes were clear. Neck showed some midline tenderness. Collar was in place. Anterior chest wall tenderness to palpation. Positive breath sounds bilaterally. Heart: Regular rhythm and rate. Abdomen: Soft, nontender, nondistended. Good bowel sounds. Pelvis was stable. Extremities: No obvious deformity or abrasion. He had some lower lumbar midline tenderness of the spine. Neurologically, he was awake, alert, and oriented with Glasgow Coma Scale of 15 with no focal deficits.

LABORATORY DATA: Within normal limits except for an elevated sodium of 150. Chest x-ray, cervical spine to C7, pelvic x-ray, thoracic, and lumbar spine films were all negative. CT Scan of the head was negative. CT Scan of the abdomen and pelvis showed no visceral injury. CT Scan of the cervical spine was also negative.

IMPRESSION: Chest wall contusion, back strain, neck strain.

HOSPITAL COURSE: The patient was admitted to the floor for pain control. The following day, the patient was afebrile. Vital signs were stable. Extremities were within normal limits. He was tolerating his diet and discharged to home.

DISCHARGE DIAGNOSIS: Chest wall contusion and neck sprain.

DISCHARGE MEDICATION: He was given a prescription for Percocet and told to take one to two tablets every 4 hours as needed for pain and Motrin 600 mg one pill three times a day for one day and then as needed.